

## Application Data Sheet

### Application Information

Application number::  
Filing Date:: 1/23/2002  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Premixed Calcium Phosphate Cement Pastes  
Attorney Docket Number:: 10118.00012  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?:: YES  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

100-5255-100-2000  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Laurence  
Middle Name:: C.  
Family Name:: Chow  
Name Suffix::  
City of Residence:: Germantown  
State or Province of Residence:: MD  
Country of Residence:: USA  
Street of mailing address:: 20517 Anndyke Way  
City of mailing address:: Germanown  
State or Province of mailing address:: MD  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Shozo  
Middle Name::  
Family Name:: Takagi  
Name Suffix::  
City of Residence:: Gaithersburg  
State or Province of Residence:: MD  
Country of Residence:: USA  
Street of mailing address:: 17 Leatherleaf Court  
City of mailing address:: Gaithersburg

State or Province of mailing address:: MD  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 20878

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Non-provisional of	60/263,894	Januaray 24, 2001

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee name:: American Dental Association Health Foundation  
Street of mailing address:: 211 East Chicago Avenue  
City of mailing address:: Chicago  
State or Province of mailing address:: IL  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 60611

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